MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

(FOR USE WITH FORM PTO-875)

SERIAL NO.	FILING DATE
10/574412	
APPLICANT(S)	

CLAIMS

TAMENDMENT 2 AMENDMENT 1
1 / 51 52 53 53 54 55 54 55 55 55 56 57 58 57 58 59 59 59 60 60 61 61 62 63 64 63 64 64 65 66 67 68 69 69 69 69 69 69 70 7
3 2 4 0 5 1 6 1 7 2 8 0 9 1 10 59 11 60 11 61 12 62 13 64 15 65 16 65 17 66 18 68 19 69 20 70
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5 95
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8 98
98 99
0 99 100
IND. 3 TOTAL IND. 4
DEP 8 4 TOTAL DEP.
AL // TOTAL
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